

**Extended Family Support Program  
Post Adoption Referral Form**

**Client Information**

CYCIS ID Number(s): \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Relation to Children \_\_\_\_\_

Child's Name: \_\_\_\_\_ Relation to Caregiver: \_\_\_\_\_

Primary Language: Caregiver: \_\_\_\_\_ Child: \_\_\_\_\_

Address and Apt #: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Adopted Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional Information**

	<b>Yes</b>	<b>No</b>
Child has been living with caregiver for more than 14 continuous days	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver wants to become guardian of the child.	<input type="checkbox"/>	<input type="checkbox"/>
Other needs besides cash assistance are present.	<input type="checkbox"/>	<input type="checkbox"/>
Adopted parent(s) died or incapacitated	<input type="checkbox"/>	<input type="checkbox"/>
Relative caregiver is seeking the adoption subsidy	<input type="checkbox"/>	<input type="checkbox"/>
There is a pending abuse or neglect investigation	<input type="checkbox"/>	<input type="checkbox"/>
Safety threat identified	<input type="checkbox"/>	<input type="checkbox"/>

Provide the stability of the child(ren)'s current living arrangement, the reason the child(ren) is living with the relative caregiver, and the length of time the child(ren) has been living with caregiver below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Worker Information**

Name: \_\_\_\_\_ Worker ID: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_